## FOR PROOF CORPORATION JNIFORM BUSINESS REPORT (UBR)

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UNIFORM BUSINESS REPORT	(UBR)
DOCUMENT # P0/0001260	03 JAN -3 AM 9:43
Peconic Holding's INC	SECRETARY OF STATE TALLAHASSEE, FLOCIDA
DO NOT WRITE IN THIS SP	200009802332
2. Principal Place of Business  3. Mailing Address  3. Mailing Address  3. Mailing Address  3. Mailing Address  Suite, Apt. #, etc.	01/03/0301019011 **150.00  DO NOT WRITE IN THIS SPACE
City & State BEACH FLA City & State Reach BEACH ORMOUND BEACH FLA	4. FEI Number Applied For Not Applied For
Zip 32174 Country 12.5 2ip 2114	Country  5. Certificate of Status Desired  Fee Required  S8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent Name - Robert A. Stevenson Street Address (P.O. Box Number is Not Acceptable)
	City ORMOND BEACH FL 32174
8. The above named entity subjects this statement for the purpose of changing its residual statement for the	egistered office or registered agent, or both, in the State of Florida.    1 - 25.07
9. This corporation is eligible to satisfy its Intangible  Tax filing requirement and elects to do so.  (See criteria on back)  Amended  Make Check Payable	y 1 Fee is \$150,00   Fee is \$550.00
11. OFFICERS AND DIRECTORS TITLE RAME STREET ADDRESS CITY-ST-ZIP  ORMOND BEACLFUL 32174	CITY 51-77F (1770)
TITLE NAME STREET ADDRESS CITY-ST-ZIP  THE PROPERTY OF THE PRO	MAME STREET ADDRESS. CITY-ST-ZIP
ITTLE NAME STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS CITY ST 21P
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IN THIS SPACE STREET ADDRESS COLVEST- APP.
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	ITILE NAME STREET ADDRESS CITY ST-APR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NAME STREET ADDRESS CITY'S ST 70P
13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes, I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 11 or on an attachment with an address, with all other life empowered.  SIGNATURE:    1/- 75-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR	I DIRECTOR Date Daytine Phone #

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## Peconic Holdings, Inc. 131 Pinto Lane Ormond Beach, Fl. 32174

Phone: (386) 671-6233

December 30, 2002

Florida Department of State Division of Corporations Corporate Filings P O Box 6327 Tallahassee, Fl. 32314

RE: Corporation Annual Reports and Reinstatements

To Whom It May Concern:

Enclosed is the Uniform Business Report for Peconic Holdings, Inc. and a check in the amount of \$150.00. Please be advised that my current corporate status is showing inactive because the corporation never received the 2002 Uniform Business Report. My address has changed and the report was mailed to the old address (450 Basin Street, Daytona Beach, Fl. 32114). Please note that an additional \$150.00 check is enclosed for the annual filing for 2003. Please change corporate address to 131 Pinto Lane, Ormond Beach, Fl. 32174.

Thank you in advance for your time and assistance.

Sincerely

Robert A. Stevenot

President